

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/591,678
	Filing Date	September 1, 2006
	First Named Inventor	Heinz von der Kammer
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	37998-237330

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number: 

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone				Email	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor  
☐ Assignee of record of the entire interest.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ Attorney or agent of record. Registration Number 54,262.  
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Signature	<i>Kavita B. Lepping</i>	
Typed or Printed Name	Kavita B. Lepping	
Date	<i>Jan 5, 2007</i>	Telephone (202) 344-4000
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		

☒ \*Total of 1 Form is/are submitted.